

# NC-TOPPS Mental Health and Substance Abuse

## Adolescent (Ages 12-17) Episode Completion Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the individual:

1. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports. (mark all that apply)

☐ Adolescent Mental Health, age 12-17

☐ Adolescent Substance Abuse, age 12-17

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

4. Individual County of Residence:

\_\_\_\_\_

5. Please indicate reason for Episode Completion:

(mark only one)

☐ Completed treatment

☐ Discharged at program initiative

☐ Refused treatment

☐ Did not return as scheduled within 60 days

☐ Changed to service not required for NC-TOPPS

☐ Moved out of area or changed to different LME

☐ Incarcerated

☐ Institutionalized

☐ Died

**Reminder: If Episode Completion reason is 'Did not return as scheduled within 60 days' or 'Died,' answer questions based on the last time period when the consumer was in active treatment.**

6. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview?

☐ Y ☐ N → (skip to 7)

b. Current Global Assessment of Functioning Score:

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7. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

8. For Female Adolescent SA individual:

Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum? ☐ Y ☐ N

9. For Adolescent SA individual:

Is this consumer receiving treatment under the MAJORS (Managing Access to Juvenile Offenders Resources and Services) program? ☐ Y ☐ N

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' answer 10.

10. How many weeks ago was the consumer last seen for treatment?

☐ Past week

☐ 2-4 weeks ago

☐ 5-8 weeks ago

☐ More than 8 weeks ago

11. Since the last interview, the consumer has attended scheduled treatment sessions...

☐ Rarely or never

☐ Sometimes

☐ All or most of the time

12. For Adolescent SA individual:

Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted 

--	--

 (enter zero, if none and skip to 13)

b. Number Positive 

--	--

 (enter zero, if none and skip to 13)

c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo.								
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Cocaine	Amphetamines	Barbiturates									
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13. Since the individual started services for this episode of treatment, which comprehensive services has the individual received in the following areas? (mark all that apply)

☐ Educational improvement

☐ Finding or keeping a job

☐ Housing (basic shelter or rent subsidy)

☐ Transportation

☐ Child care

☐ Medical care

☐ Screening/Treatment referral for HIV/TB/HEP

☐ Legal issues

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**14. In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following? (mark all that apply)**

- ☐ Treatment services
- ☐ Person-centered planning
- ☐ None of the above

### Section II: Complete items 15-36 using information from the individual's interview (preferred) or consumer record

**15. How are the next section's items being gathered? (mark all that apply)**

- ☐ In-person interview (preferred)
- ☐ Telephone interview
- ☐ Clinical record/notes

**16. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)**

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

**17. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?**

(Enrolled includes school breaks, suspensions, and expulsions)

- ☐ Y ☐ N → (skip to 18)

b. If **yes**, what programs are you currently enrolled in for credit? (mark all that apply)

- ☐ Alternative Learning Program (ALP)- at-risk students outside standard classroom
- ☐ Academic schools (K-12)
- ☐ Technical/Vocational school
- ☐ College
- ☐ GED Program, Adult literacy

**18. For K-12 only:**

a. What grade are you currently in? 

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b. Since beginning treatment, your school attendance has...

- ☐ improved ☐ stayed the same ☐ gotten worse

c. For your most recent reporting period, what grades did you get most of the time? (mark only one)

- ☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system

d. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time? ☐ Pass ☐ Fail

**19. For K-12 only: In the past 3 months, how many days of school have you missed due to...**

a. Expulsion\_\_\_\_\_

b. Out-of-school suspension\_\_\_\_\_

c. Truancy\_\_\_\_\_

d. Are you currently expelled from regular school?

- ☐ Y ☐ N

**20. What best describes your current employment status? (mark only one)**

- ☐ Full-time work (working 35 hours or more a week)
- ☐ Part-time work (working less than 35 hours a week)
- ☐ Unemployed (seeking work or on layoff from a job)
- ☐ Not in labor force (not seeking work)

**21. In the past 3 months, how often did you participate in ...**

a. extracurricular activities?

- ☐ Never ☐ A few times ☐ More than a few times

b. recovery-related support or self-help groups?

- ☐ Never ☐ A few times ☐ More than a few times

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22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?  
☐ Never ☐ A few times ☐ More than a few times

23. In the past month, how would you describe your mental health symptoms?  
☐ Extremely severe ☐ Severe ☐ Moderate ☐ Mild ☐ Not present

24. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?  
☐ No prescription  
☐ All or most of the time  
☐ Sometimes  
☐ Rarely or never

25. In the past 3 months, how many times have you moved residences?   (enter zero, if none and skip to 26)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 25b.

b. What was the reason(s) for your most recent move?  
(mark all that apply)

- ☐ Moved closer to family/friends  
☐ Moved to nicer or safer location  
☐ Needed more supervision or supports  
☐ Moved to location with more independence, better access to activities and/or services  
☐ Could no longer afford previous location or evicted

26. Currently, where do you live?

- ☐ Homeless → (skip to b) ☐ Residential program → (skip to c)  
☐ Temporary housing → (skip to 27) ☐ Facility/institution → (skip to 27)  
☐ In a family setting (private or foster home) ☐ Other → (skip to 27) → (skip to 27)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 35band 35c.

b. If *homeless*, please specify your living situation currently.

- ☐ Sheltered (homeless shelter)  
☐ Unsheltered (on the street, in a car, camp)

c. If *residential program*, please specify the type of residential program you currently live in.

- ☐ Therapeutic foster home  
☐ Level III group home  
☐ Level IV group home  
☐ State-operated residential treatment center  
☐ Substance abuse residential treatment facility  
☐ Halfway house (for Adolescent SA individual)

27. Was this living arrangement in your home community?  
☐ Y ☐ N

28. In the past 3 months, have you received any residential services outside of your home community?  
☐ Y ☐ N

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 29.

29. In the past 3 months, who did you live with most of the time? (mark all that apply)

- ☐ Lived alone ☐ Foster family  
☐ Spouse/partner ☐ Sibling(s)  
☐ Child(ren) ☐ Other relative(s)  
☐ Mother/Stepmother ☐ Guardian  
☐ Father/Stepfather ☐ Friend(s)/roommate(s)  
☐ Grandmother ☐ Other  
☐ Grandfather

30. For Adolescent MH only individual:

In the past 3 months, have you used tobacco or alcohol?  
☐ Y ☐ N

31. For Adolescent MH only individual:

In the past 3 months, have you used illicit drugs or other substances?  
☐ Y ☐ N → (skip to 33 if 'No' is answered on both questions 30 and 31)

32. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

5=Non-prescription Methadone  
7=PCP  
8=Other Hallucinogen  
9=Methamphetamine  
10=Other Amphetamine  
11=Other Stimulant  
12=Benzodiazepine

13=Other Tranquilizer  
14=Barbiturate  
15=Other Sedative or Hypnotic  
16=Inhalant  
17=Over-the-Counter  
22=OxyContin (Oxycodone)  
29=Ecstasy (MDMA)

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33. In the past month, how many times have you been in trouble with the law?    
(enter zero, if none and skip to 35)

34. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?    
(enter zero, if none)

35. Do you have a Court Counselor or are you under the supervision of the criminal justice system (adult or juvenile)?  
☐ Y ☐ N

36. **For Female Adolescent SA individual only:**  
**Do you have children?**  
☐ Y ☐ N → (skip to 37)

b. Since the last assessment, have you... (mark all that apply)  
☐ Gained legal custody of child(ren)  
☐ Lost legal custody of child(ren)  
☐ Begun seeking legal custody of child(ren)  
☐ Stopped seeking legal custody of child(ren)  
☐ Continued seeking legal custody of child(ren)  
☐ New baby born - removed from legal custody  
☐ None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?  
☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?  
☐ All ☐ Some ☐ None

e. Since the last interview, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to g)

f. Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

g. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?  
☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

### Section III: Complete items 37-52 from the individual's interview only

37. Is the individual present for in-person or telephone interview?  
☐ Y - Complete items 38-52  
☐ N - Stop here

38. **Females only: Are you currently pregnant?**  
☐ Y ☐ N ☐ Unsure  
(skip to 39) (skip to 39)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care? ☐ Y ☐ N

d. Are you receiving prenatal care? ☐ Y ☐ N

39. **Females only: Have you given birth in the past year?**  
☐ Y ☐ N → (skip to 40)

b. **For Adolescent SA individual:**  
How long ago did you give birth?  
☐ Less than 3 months ago  
☐ 3 to 6 months ago  
☐ 7 to 12 months ago

c. Did you receive prenatal care during pregnancy? ☐ Y ☐ N

d. **For Adolescent SA individual:**  
What was the # of weeks gestation?

e. **For Adolescent SA individual:**  
What was the birth weight?   pounds   ounces

f. How would you describe the baby's current health?  
☐ Good  
☐ Fair  
☐ Poor  
☐ Baby is deceased → (skip to 40)  
☐ Baby is not in birth mother's custody → (skip to 40)

g. Is the baby receiving regular Well Baby/Health Check services? ☐ Y ☐ N

40. Since the last interview, have you visited a physical health care provider for a routine check up?  
☐ Y ☐ N

41. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)  
☐ None ☐ 1 or 2 ☐ 3 or more

42. **For Adolescent SA individual:**  
**In the past month, if you have a sponsor, how often have you had contact with him or her?**  
☐ Don't have a sponsor  
☐ Never  
☐ A few times  
☐ More than a few times

43. How supportive has your family and/or friends been of your treatment and recovery efforts?  
☐ Not supportive  
☐ Somewhat supportive  
☐ Very supportive  
☐ No family/friends

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**44. For Adolescent SA individual:**

In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons? ☐ Y ☐ N

**45. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?**

☐ Never ☐ A few times ☐ More than a few times

**46. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?**

☐ Never ☐ A few times ☐ More than a few times

**47. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?**

☐ Never ☐ A few times ☐ More than a few times

**48. Since the last interview, how often have you had thoughts of suicide?**

☐ Never ☐ A few times ☐ More than a few times

**49. Since the last interview, have you attempted suicide?**

☐ Y ☐ N

**50. In the past 3 months, how well have you been doing in the following areas of your life?**

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. In the past 3 months, have you...**

a. had telephone contacts to an emergency crisis facility?

☐ Y ☐ N

b. had visits to a hospital emergency room?

☐ Y ☐ N

c. spent nights in a medical/surgical hospital? (excluding birth delivery)

☐ Y ☐ N

d. spent nights homeless? (sheltered or unsheltered)

☐ Y ☐ N

e. spent nights in detention, jail, or prison? (adult or juvenile system)

☐ Y ☐ N

**52. How helpful have the program services been in...**

a. improving the quality of your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

b. decreasing your symptoms?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

c. increasing your hope about the future?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

d. increasing your control over your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

e. improving your educational status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

**End of interview**

**Enter data into web-based system:**  
**<http://www.ncdhs.gov/mhddsas/nc-topp>**

**Do not mail this form**

# Attachment I:

## DSM-IV TR Diagnositic Classifications

### Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

### Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

### Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

### Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

### Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

### Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

### Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

### Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

### Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

### Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

### Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

### Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)